

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
OCT 13 2016  
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0098
Date:	8-1-17
Amount Paid:	\$15,103.16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Mailing Address:		City/State/Zip:		Telephone:					
Owner's Name: Charles & Jody Barber		City/State/Zip: Iron River WI 54847		Cell Phone: 218-348-2065		Plumber Phone: 218-682-6050					
Address of Property: 65445 Millicent Point Dr.		Contractor Phone: 218-389-3335		Plumber: Blakeman		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
Contractor: Ideal Homes		Agent Phone: 218-591-1170		Agent Mailing Address (include City/State/Zip): 3880 Alan Syverson Dr. Barron MN 56007		Recorded Document: (i.e. Property Ownership) Volume 10 Page(s) 249					
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Melissa Jensen		PIN: (23 digits) 36307		Subdivision:		Recorded Document: (i.e. Property Ownership) Volume 10 Page(s) 249					
PROJECT LOCATION: NE 1/4, SE 1/4		Gov't Lot: 2	Lot(s): 2	CSM: 1769	Vol & Page: v.249	Lot(s) No.:	Block(s) No.:	Subdivision:	Lot Size:	Acreage: 1.71	
Section 28, Township 47 N, Range 08 W		Town of: Iron River		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes--continue -->		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$4100.	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 3000 Gallon	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Deck	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 16	Width: 12	Height: 6
Proposed Construction:	Length: 16	Width: 12	Height: 6

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	( ) X ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	( ) X ( )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	( ) X ( )	
	<input type="checkbox"/> with (2nd) Porch	( ) X ( )	
	<input type="checkbox"/> with a Deck	( ) X ( )	
	<input type="checkbox"/> with (2nd) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( ) X ( )	
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( ) X ( )	
	<input type="checkbox"/> Addition/Alteration (specify)	( ) X ( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify)	( ) X ( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) X ( )	
Rec'd for Issuance	Special Use: (explain)	( ) X ( )	
AUG 08 2017	Conditional Use: (explain)	( ) X ( )	
Secretarial Staff	Other: (explain) = Deck	( ) X ( )	192

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: 10/11/16  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 3880 Alan Syverson Dr. Barron MN 56007  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show location of (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) **Well (W)**; (\*) **Septic Tank (ST)**; (\*) **Drain Field (DF)**; (\*) **Holding Tank (HT)** and/or (\*) **Privy (P)**
- (6) Show any (\*): (\*) **Lake**; (\*) **River**; (\*) **Stream/Creek**; or (\*) **Pond**
- (7) Show any (\*): (\*) **Wetlands**; or (\*) **Slopes over 20%**

See site Plan

can't call to  
permit #  
16-0274

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

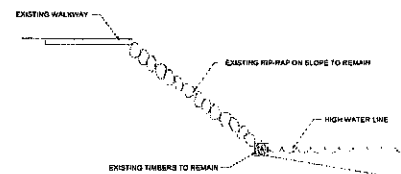
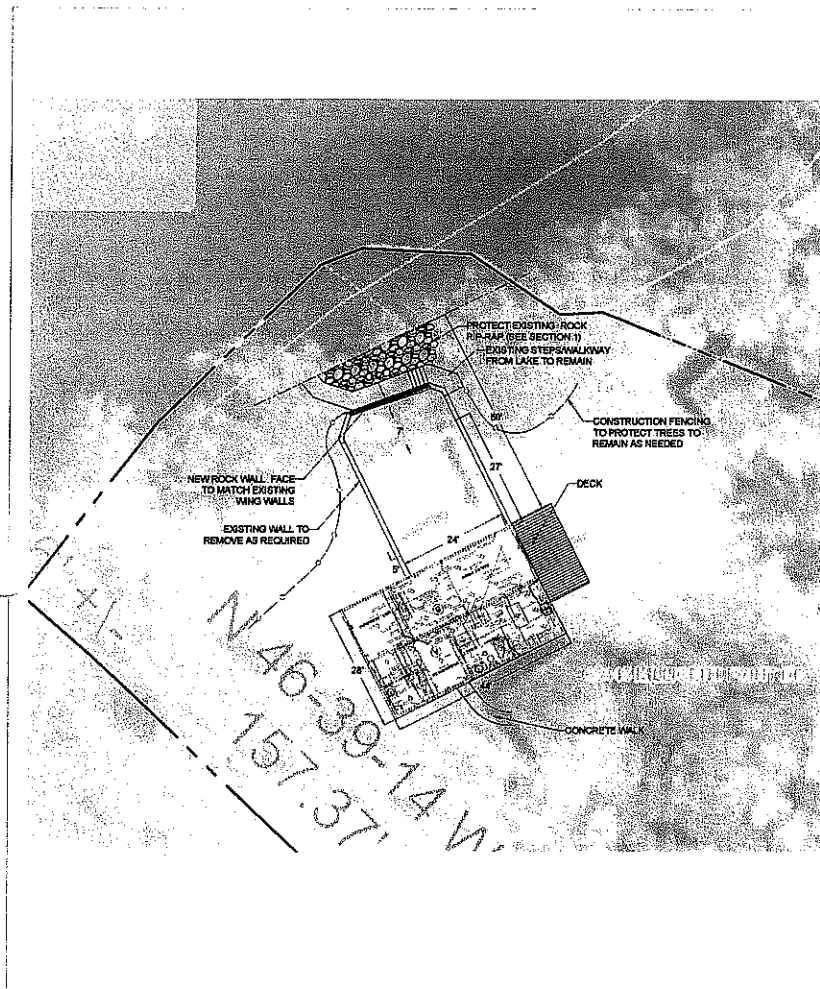
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 327511	# of bedrooms: 4	Sanitary Date: 1-19-00					
Permit Denied (Date):		Reason for Denial:							
Permit #: 17-0298		Permit Date: 8-1-17							
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel In Common Ownership		<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #: 04 CV 46	Previously Granted by Variance (B.O.A.)		Case #: 04 CV 46				
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record: open square for set allowed w/in 95' from lake per open structure regulations; however, deck is allowed per open structure order. weather interpreted as an adaptation		done w/ previous permit & court case							
Date of Inspection: 5/5/16 8/12/16		Inspected by: GreenBole: Murphy		Zoning District: R-1		Date of Re-Inspection: 1-11-17			
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)									
Signature of Inspector: [Signature]		Date of Approval: 7-5-17							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

but is considered an open structure since 7-14-15. Jan.



1 EXISTING RIP RAP SECTION  
SCALE: NOT TO SCALE

**SAS**  
LANDSCAPE ARCHITECTURE  
+ ASSOCIATES  
100 WEST 2nd Street, Suite 200  
Durham, NC 27601  
PH: 919.286.1515  
FAX: 919.286.1515

**AL-KUWARI RESIDENCE**  
IRON RIVER, WISCONSIN

REVISION:  
A. 10/1/14

PROPOSED  
SITE PLAN

1/15/14

L-2

on, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0298** Issued To: **Charles & Judy Ann Barber**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **28** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition: [ 1- Story; Deck (16' x 12') = 192 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 1, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Special A =  $9/15 \times 2 = 13.50$   
Level use =  $6/25 \times 2 = 1.50$

DATE RECEIVED  
AUG 18 2016  
Bayfield Co. Zoning Dept.

To the DE =  $6.00$  ac  
FOR LAND USE  
Permit #: 17-0309  
Date: 8-4-17  
Amount Paid: 300  
300 RTF  
Refund: 150 sum

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input checked="" type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Mike & Deanna Mulek	Mailing Address: 3613 HAWKES RD HERMANTOWN WI	City/State/Zip: 55811	Telephone: 341-5038
Address of Property: 67200 HARTLAKE RD		City/State/Zip: Iron River WI	Cell Phone: 341-5038
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: SE 1/4, SW 1/4	Legal Description: (Use Tax Statement) 04-084-247-08-15-3040030000	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume: Page(s):
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s)	CSM	Vol & Page	Lot(s) No.
Block(s) No.	Subdivision:	Lot Size	Acres
Section 15, Township 47 N, Range 8 W		Town of: Iron River	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Distance Structure is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$16,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> 1 Loft <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> Private

Existing Structure: (if permit being applied for is relevant to it) Length: 28 Width: 14 Height: 12

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input checked="" type="checkbox"/> with Loft <input checked="" type="checkbox"/> with a Porch 4' x 24' <input checked="" type="checkbox"/> with (2nd) Porch 10' x 12' <input checked="" type="checkbox"/> with a Deck <input checked="" type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage	(14 x 24) (18 x 24) (14 x 24) (14 x 12) (14 x 12)	336 192 96 120
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date)	( ) ( )	( ) ( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( ) ( ) ( )
<input type="checkbox"/> Special Use: (explain)		( )	( )
<input type="checkbox"/> Conditional Use: (explain)		( )	( )
<input type="checkbox"/> Other: (explain)		( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael Mulek  
Date: 8/9/16  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 3613 HAWKES RD HERMANTOWN WI 55811  
Date: 8/9/16  
Attach Copy of Tax Statement

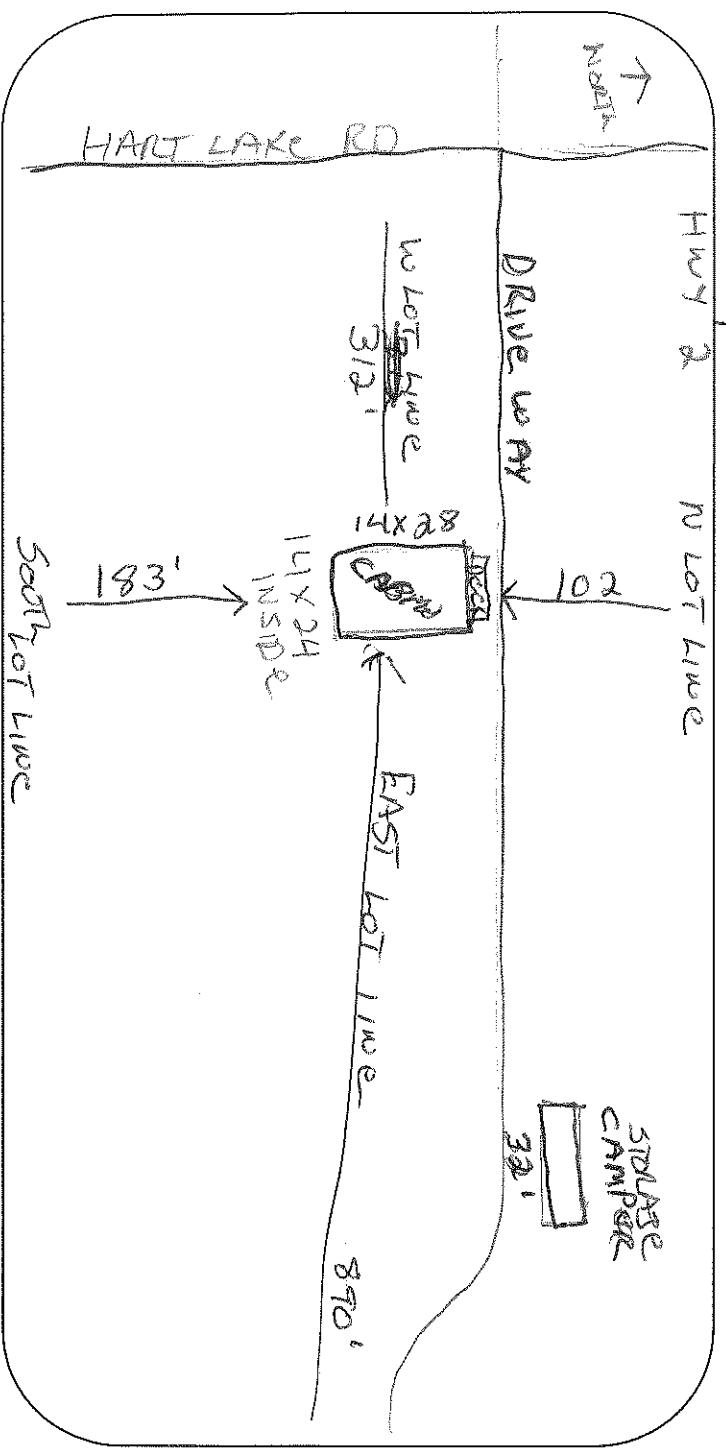
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



ENTER

Check below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	33'8" Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	33'8" Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	102' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	183' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	183' Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	870' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable/Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0809		Permit Date: 8-4-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No (Fused/contiguous lots)	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: (complaint filed about dwelling w/o permit on sanitation property now in compliance)		Zoning District (F-1) Lakes Classification (N/A)		
Date of Inspection: multiple 9-21-17		Inspected by: J. Murphy		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				
VOC permit + inspection required.				
Signature of Inspector:		Date of Approval: 8-3-17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – Composting Toilet  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0309** Issued To: **Michael & Deanna Mulek**

N ½ N ½ of

Location: **SE** ¼ of **SW** ¼ Section **15** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot

Lot

Block

Subdivision

CSM#

For: **Residential Use:** [ **1.5- Story; Residence** (14' x 24') = 336 sq. ft.; **Loft** (8' x 24') = 192 sq. ft.;  
**Porch** (4' x 24') = 96 sq. ft.; **Deck** (10' x 12') = 120 sq. ft. ] **Total Overall = 744 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** UDC permit and inspections required. Make and model of composting toilet must be NSF approved. Install and maintain toilet per manufacturer's requirements.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 4, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
JUN 12 2017  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 17-0310  
Date: 8-4-17  
Amount Paid: 75 6-10-17  
Refund: 100 7-04-17

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Yvonne M. Solon Mailing Address: 394C Foxglove Gate City/State/Zip: 55811-5442 Telephone: 349-4260

Address of Property: 65945 W. Pinecrest Rd City/State/Zip: From River, WI 54847 Cell Phone: 218 464-1114

Contractor: Loren Wicklund Contractor Phone: (715) 293-3158 Plumber: From River

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Fortak Agent Phone: (715) 814-2034 Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd Iron River WI Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 19739 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1110 R 159

Section 27, Township 47 N, Range 8 W Town of: From River Lot Size: 75 Acreage

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue -->

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->

Distance Structure is from Shoreline: 35 - 50 feet

Distance Structure is from Shoreline: 35 - 50 feet

Is Property in Floodplain Zone? ☒ No ☐ Yes

Are Wetlands Present? ☒ No ☐ Yes

Value at Time of Completion \*include donated time & material: \$5,000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cent</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input checked="" type="checkbox"/> Replace <u>existing structure</u>	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:					

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	12
	<input type="checkbox"/> Mobile Home (manufactured date)	( <input type="checkbox"/> 4 X <input type="checkbox"/> 3 )	96
	<input type="checkbox"/> Addition/Alteration (specify)	( <input type="checkbox"/> 32 X <input type="checkbox"/> 3 )	102
	<input type="checkbox"/> Accessory Building (specify)	( <input type="checkbox"/> 6 X <input type="checkbox"/> 17 )	102
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( <input type="checkbox"/> 36 X <input type="checkbox"/> 3 )	108
	<input type="checkbox"/> Special Use: (explain) <u>sidewalk</u>	( <input type="checkbox"/> 20 X <input type="checkbox"/> 3 )	60
	<input type="checkbox"/> Conditional Use: (explain) <u>stairway</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/> Other: (explain) <u>sidewalk, stairway (concrete)</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Yvonne M. Solon Date: 6-6-2017  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Mike Fortak Date: 6-6-2017  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847 Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



See below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90+ Feet	Setback from the Lake (ordinary high-water mark)	35+ Feet
Setback from the Established Right-of-Way	70+ Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	40+ Feet		
Setback from the South Lot Line	100+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	X Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	5 Feet	Setback to Well	Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0810		Permit Date: 8-4-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> No <input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
Granted by Variance (B.O.A.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Case #: vacated within 30 days previously granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: STRUCTURE - REBUILD OF EXISTING NONCONFORMING ZONING DISTRICT (R-1) LAST 8-2-17		Date of Inspection: 8-4-17		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) GARAGE + HOUSE, STORMWATER TREATMENT DIVIDES SHALL BE ISSUED PER PLANS DETAIL W/IN 14 DAYS OF THE ISSUANCE OF THIS PERMIT + SHALL BE MAINTAINED IN PROPERITY. APPROVAL DOES NOT INCLUDE RETAINING WALLS OR NEW SIDEWALK FROM HOUSE TO THE GARAGE.		Date of Re-Inspection:		
Signature of Inspector:		Date of Approval: 8-4-17		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0310** Issued To: **Yvonne Solon / Mike Furtak, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **27** Township **47** N. Range **8** W. Town of **Iron River**

**S 200' OF N 600' W OF NLY & SLY RD OF**

Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [ Sidewalks (4' x 3') = 12 sq. ft.; (32' x 3') = 96 sq. ft.; (6' x 17') = 102 sq. ft. ]**  
**Total Overall = 199 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Garage and house stormwater treatment devices shall be installed per plan detail within one (1) year of the issuance of this permit and shall be maintain in perpetuity. Approval does not include retaining wall(s) or new sidewalk from house to the garage.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 4, 2017**

Date

SUBMIT: COMPLETED APPLICATION - TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN

ENTERED

Permit #:

17-0350

Date:

8-11-17

Amount Paid:

185 7-26-17

Refund:

Date Stamp (Received)  
JUL 26 2017

Bayfield Co. Zoning Dept.

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

John P Brinker

Mailing Address:

10550 Eagle Lk Rd.

City/State/Zip:

Iron River, WI, 54847

Telephone:

Cell Phone:

715-685-4540

Address of Property:

Pine Lake Rd.

City/State/Zip:

Iron River, WI, 54847

Contractor:

Cory Olby

Contractor Phone:

715-292-4745

Plumber:

N/A

Plumber Phone:

715-685-4540

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION

Legal Description: (Use Tax Statement)

Tax ID# (4-5 digits)

196821

Recorded Deed (i.e. # assigned by Register of Deeds)

Document #:

Subdivision:

PROJECT LOCATION

NE 1/4, NW 1/4

GOVT Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Lot Size

Acres

Section 23, Township 42 N, Range 08 W

Town of:

Iron River

Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?

Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue -->

If yes---continue -->

Distance Structure is from Shoreline:

Distance Structure is from Shoreline:

Is Property in Floodplain Zone?

Yes No

Are Wetlands Present?

Yes No

Non-Shoreland

Value at Time of Completion \* include donated time & material

Project

Use

# of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water

\$ 5,000.00

New Construction

1-Story

Seasonal

1

Municipal/City

City

Addition/Alteration

1-Story + Loft

Year Round

2

(New) Sanitary

Well

Conversion

2-Story

3

Sanitary (Exists)

Specify Type:

N/A

Relocate (existing bldg)

Basement

None

Portable (w/service contract)

Vaulted (min 200 gallon)

Compost Toilet not Approved

Run a Business on Property

Foundation

None

None

None

None

Existing Structure: (if permit being applied for is relevant to it)

Length:

N/A

Width:

N/A

Height:

N/A

Proposed Construction:

Length:

24'

Width:

16'

Height:

16'

Received \$5000.00

7

Proposed Structure

Dimensions

Square Footage

AUG 10 2017

Principal Structure (first structure on property)

Residence (i.e. cabin, hunting shack, etc.)

Storage (over 16 x 24)

384

Secretarial Staff

with a Porch

with a Deck

with (2nd) Deck

with Attached Garage

Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)

Mobile Home (manufactured date)

Addition/Alteration (specify)

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Other: (explain)

Rec'd for Issuance

AUG 08 2017

Commercial Use

Secretarial Staff

Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)

Mobile Home (manufactured date)

Addition/Alteration (specify)

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Other: (explain)

Municipal Use

Other: (explain)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

John P Brinker

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 7/21/17

Authorized Agent:

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

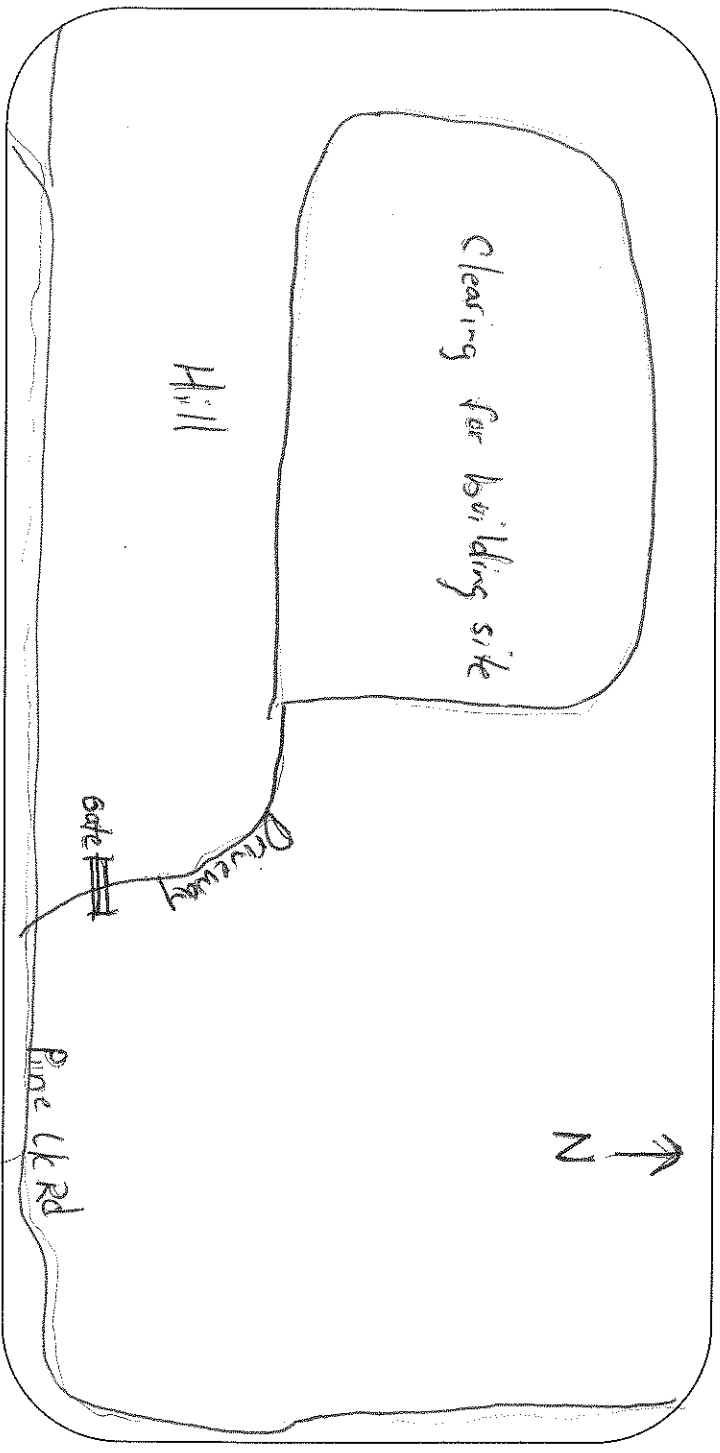
Address to send permit 10550 Eagle Lk. Rd. Iron River, WI, 54847

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of:  
North (N) on Plot Plan
  - (2) Show / Indicate:  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*):  
All Existing Structures on your Property
  - (4) Show:  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show:  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*):  
(\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	230 Feet	Setback from the Lake (ordinary high water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	800 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	320 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	570 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0380		Permit Date: 8-11-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record: called owner 8-3-17 regarding use of bldg. he said it is only for storage & no family above caber close by.				
Date of Inspection: 8-2-17	Inspected by: J. Murphy	Zoning District: (F1)	Lakes Classification: (N/A)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)				
BUILDING SHALL NOT BE USED FOR HUMANO HABITATION &/OR SLEEPING PURPOSES W/O NECESSARY CLASS A SPECIAL USE PERMIT + VDC PERMIT + INSPECTION NO INTERIOR PLUMBING FIXTURES BY CONNECTION TO PRESSURIZED WATER ALLOWED. NO SANITARY SYSTEM ALLOWED ON PROPERTY UNLESS A COUNTY SANITARY PERMIT IS ISSUED.				
Signature of Inspector:	Date of Approval: 8-2-17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal  
its May Also Be Required

AND USE - X  
SANITARY - None  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0320** Issued To: **John Brinker**

Location: **NE**  $\frac{1}{4}$  of **NW**  $\frac{1}{4}$  Section **23** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Principal Structure: [ 1- Story; Storage (16' x 24') = 384 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Building shall not be used for human habitation and/or sleeping purposes without necessary class A Special Use Permit and UDC permit and inspections. No interior plumbing fixtures with connection to pressurized water allowed. No sanitary system allowed on property unless a County Sanitary permit is issued.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found  
to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 11, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd JUL 14 2017  
Bayfield Co. Zoning Dept.

Permit #: 17-0312  
Date: 8-9-17  
Amount Paid: 300.00  
Shop Surf. 100.00  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Mahke Properties LLC		Mailing Address:		3112 City Heights Rd.		City/State/Zip:		Ashland, WI.		54806		Telephone: 715-682-6853	
Address of Property:		10470 South Long Lake Rd.		City/State/Zip:		Iron River, WI.		54847		Cell Phone:				Plumber Phone:	
Contractor:				Contractor Phone:		Plumber:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:										Recorded Document: (i.e. Property Ownership) Volume 993 Page(s) 385	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		BLK: (23.44) AC. 20176 + 26177		Subdivision: Dufur Flecks 1st Lake		Recorded Document: (i.e. Property Ownership) Volume 993 Page(s) 385							
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision: Dufur Flecks 1st Lake	
Section 3		Township 47 N, Range 8 W		Town of: Iron River										Acreage 4.94	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> If yes...continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If yes...continue →	Distance Structure is from Shoreline: 252 feet		
<input type="checkbox"/> Non Shoreland					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$10,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: S/D	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Boat House	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 22'	Width: 12'	Height: 12' on top
Proposed Construction:	Length: 22'	Width: 16'	Height: 12' on top

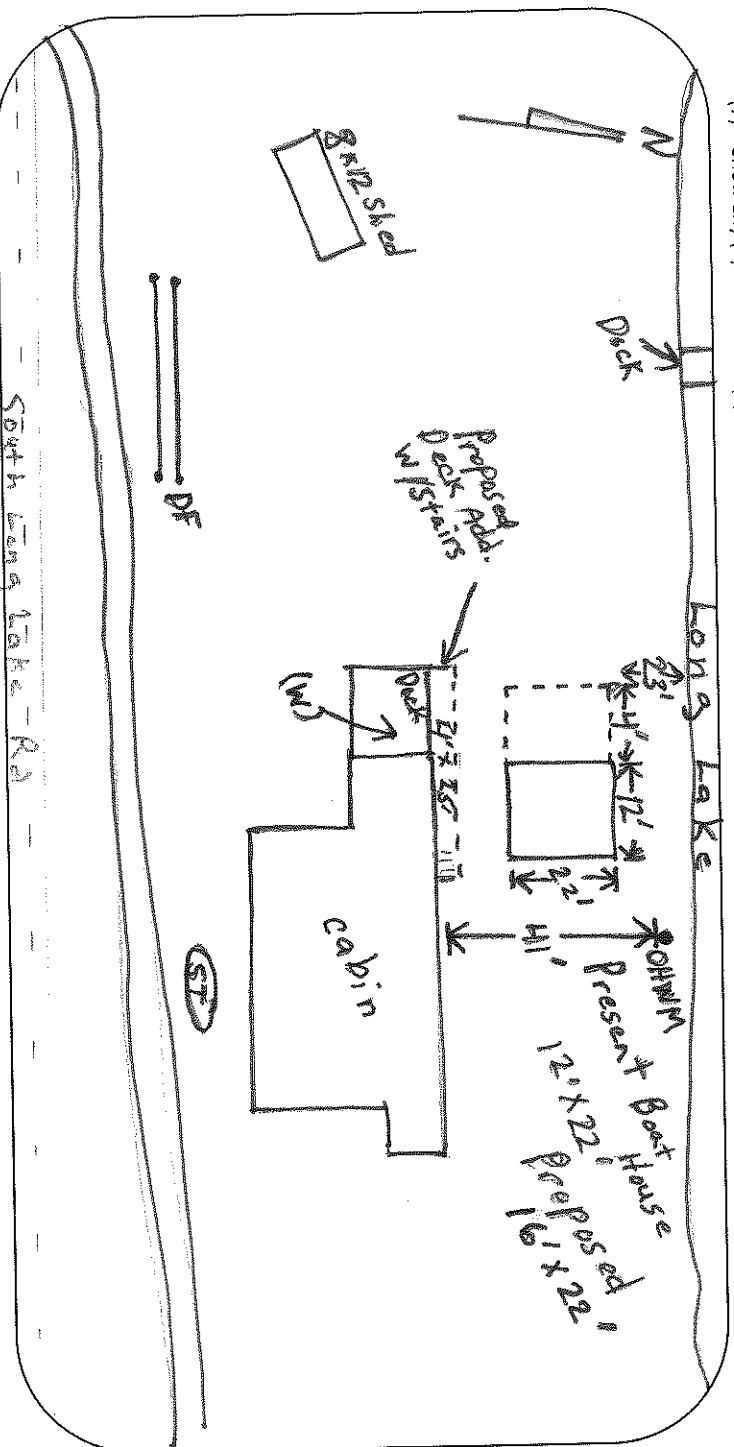
Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	( ) X ( )		
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )		
	<input type="checkbox"/>	with Loft	( ) X ( )		
<input checked="" type="checkbox"/> Residential Use		with a Porch	( ) X ( )		
		with (2 <sup>nd</sup> ) Porch	( ) X ( )		
		with a Deck	( ) X ( )		
		with (2 <sup>nd</sup> ) Deck	( ) X ( )		
		with Attached Garage	( ) X ( )		
<input type="checkbox"/> Commercial Use		Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )		
		Mobile Home (manufactured date)	( ) X ( )		
		Addition/Alteration (specify)	( ) X ( )		
		Accessory Building (specify) Boat house	(22' X 16')	352'	
		Accessory Building Addition/Alteration (specify)	( ) X ( )		
<input type="checkbox"/> Municipal Use		Special Use: (explain)	( ) X ( )		
		Conditional Use: (explain)	( ) X ( )		
		Other: (explain)	( ) X ( )		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: David L. Mahke MBR Date: 7-14-17  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 3112 City Heights Rd, Ashland, WI. 54806  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



(1) Show Location of:	<b>Proposed Construction</b>
(2) Show / Indicate:	North (N) on Plot Plan
(3) Show Location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show:	All Existing Structures on your Property
(5) Show any (*):	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*):	(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept..

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	68 Feet	Setback from the Lake (ordinary high-water mark)	16 to 20 ft
Setback from the Established Right-of-Way	44.5 Feet	Setback from the River, Stream, Creek	2.5 Feet
Setback from the North Lot Line	23 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	109.6 Feet	Setback from Wetland	
Setback from the West Lot Line	100.5 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	68.5 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	85 Feet	Setback to Well	50 Feet
Setback to Drain Field	75 Feet		
Setback to Privy (Portable, Composting)			

<p><b>Setback to Privy (Portable, Composting)</b></p> <p>Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the next.</p>	<p>feet</p>
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Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

All and Use Permit Expires One (1) Year from the Date of Issuance if Construction or Use has not begun.

**NOTICE:** All Land Use Permits expire one (1) year from the date of issuance. If construction is not completed within the one (1) year period, the permittee must apply for a permit extension. All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>						<b>Sanitary Number:</b> 07-1605	<b># of bedrooms:</b>	<b>Sanitary Date:</b>
<b>Permit Denied (Date):</b>						<b>Reason for Denial:</b>		
<b>Permit #:</b> 17-0812						<b>Permit Date:</b> 8-9-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming						<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No		
<b>Granted by Variance (B.O.A.)</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<b>Previously Granted by Variance (B.O.A.)</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Case #:</b> Was Parcel Legally Created Was Proposed Building Site Delineated						<b>Case #:</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Inspection Record:</b> The 2 lots are 1 parcel for the purpose of this application. Street measurements are to the external boundaries of 2 lots. Date of Inspection: 8-2-17						<b>Were Property Lines Represented by Owner</b> Was Property Surveyed <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Condition(s):</b> Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached) Existing Rottapouse is 10 ft from edge of lot. Lane - New Rottapouse including any eye, shall BE NO CLOSER TO THE LAKE THAN EXISTING BH. ALL REQUIREMENTS IN SECTION 13-1-22 (A)(6) SHALL BE COMPLIED WITH.						<b>Lakes Classification:</b> 2-lot lake <b>Date of Re-inspection:</b>		
<b>Signature of Inspector:</b> [Signature]						<b>Date of Approval:</b> 8-9-17		
<b>Held For Sanitary:</b> <input type="checkbox"/> <b>Held For TBA:</b> <input type="checkbox"/> <b>Held For Affidavit:</b> <input type="checkbox"/> <b>Held For Fees:</b> <input type="checkbox"/>								

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0312** Issued To: **Mahnke Properties LLC / David Mahnke, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **3** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **1 & 2** Block Subdivision **Durfer Flecks 1<sup>st</sup> Addition to Long Lake**

For: **Residential Accessory Structure: [ 1- Story; Boathouse (22' x 16') = 352 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Existing boathouse is 10 feet from OHWM of Long Lake, new boathouse including any eve, shall be no closer to the Lake than existing boathouse. All requirements in section 13-1-22(a)(6) shall be complied with.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 9, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE: 12-03-14  
Amount Paid: 8-9-17  
Return: 7-20-17

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Richard & Nelson  
Address of Property: Amy Dunbar-Nelson  
64110 Co Hwy A  
Contractor: Cory Hoschler (715) 428-5123  
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 819-2034  
Mike Furtak (715) 819-2034  
Tax ID# (4-5 digits) 19932

Contractor Phone: 54848  
City/State/Zip: Iron River, WI 54847  
Plumber: Chad Roschulte (715) 292-2415  
Agent Mailing Address (Include City/State/Zip): 6473 Iron Lake Rd, Iron River, WI 54847  
Written Authorization Attached: Yes ☒ No ☐

Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 853 R: 881

PROJECT LOCATION: SW 1/4, SW 1/4  
Section 31, Township 47 N, Range 8 W, Town of: Iron River

Distance Structure is from Shoreline: 110 ft  
Is Property in Floodplain Zone? Yes ☐ No ☒

Are Wetlands Present? Yes ☐ No ☒

Value at Time of Completion \* include donated time & material: \$30,000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 24 Height: 16  
Proposed Construction: Length: 32 Width: 24 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Hedgicott Island Co	Principal Structure (first structure on property)	( ) X ( )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
<input type="checkbox"/>	with Loft	( ) X ( )	
<input type="checkbox"/>	with a Porch	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
<input type="checkbox"/>	with a Deck	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/>	with Attached Garage	( ) X ( )	
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( ) X ( )	
<input type="checkbox"/>	Mobile Home (manufactured date) _____	( ) X ( )	
<input type="checkbox"/>	Addition/Alteration (specify) _____	( ) X ( )	1120
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) garage	(28 X 40)	768
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
<input type="checkbox"/>	Special Use: (explain) _____	( ) X ( )	
<input type="checkbox"/>	Conditional Use: (explain) _____	( ) X ( )	
<input type="checkbox"/>	Other: (explain) _____	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: 5-10-2017  
(If there are Multiple Owners listed on the Deed All Owners must sign a letter(s) of authorization must accompany this application)  
Authorized Agent: Michael Furtak  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 6173 Iron Lake Rd, Iron River, WI 54847  
Copy of Tax Statement Attached  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W/); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

See attachment  
new well & septic location  
to be determined

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	180' Feet	Setback from the Lake (ordinary high-water mark)	110' Feet
Setback from the Established Right-of-Way	70' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	12' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	35' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	20 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 17-665	# of bedrooms: 3	Sanitary Date: 7-24-17		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0314	Permit Date: 8-9-17	less than 15% until now is approved				
Is Parcel a Sub-Standard lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #	agut on site
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: J. C. Murphy	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	(R-1)
Inspection Record: garage is not necessary to anything at time of permit approval. House was on file to be approved in a couple days. R. Schaefer approved as an accessory structure.		Date of inspection: 8-2-17 & 8-4-17				
Conditions: Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No they need to be attached.)		Building shall not be used for human habitation or sleeping purposes & shall not be connected to preexisting water to service by water plumbing fixtures unless permits to connect to				
Signature of Inspector: [Signature]		Date of Approval: 8-8-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

n, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0314** Issued To: **Richard Nelson & Amy Dunbar-Nelson / Mike Furtak, Agent**

Par in  
Location: **SW** ¼ of **SW** ¼ Section **31** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [ 1- Story; Garage (28' x 40') = 1,120 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Building shall not be used for human habitation or sleeping purposes and shall not be connected to pressurized water source with indoor plumbing fixtures unless permit to connect to POWTS is issued.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 9, 2017**

Date